



DONATION FORM

Rainbow Project receives no funding from the Hong Kong Government and is entirely rely on voluntary donations. Without your support, we would not be able to keep our mission going. Your funds donated will channel to Rainbow Project Low Income Subsidy Programme to support low-income families with children with Autism Spectrum Disorder (ASD) to access occupational and speech therapy services.

Donor information

Salutation: Mr. Ms Child Organisation Corporation

Name: _____

Contact No.: _____ Email: _____

Address: _____

Donation *Please where appropriate

One-off donation I would like to donate a sum of HK\$ _____

Regular donation I would like to make a regular donation of HK\$ _____

Monthly

Quarterly

Annually

Donation method *Please where appropriate

Cash

Cheque (Cheque number: _____)

Bank transfer (please provide bank slip for records and state "Support Barry Hoy Swim for A Mile" on the bank slip)

Company name: Rainbow Project Company Limited

Bank name: Hong Kong and Shanghai Banking Corporation (HSBC)

Bank account no: 848-445-847-838

SWIFT code: HSBCHKHKKH (for oversea transfer or payment)

Donation receipt *Please where appropriate

Do you wish to receive donation receipt? Yes No

Acknowledgement Information:

I would like to use the following name(s) for the donation receipt:

I would like to have my contribution remain anonymous.

Others

I **DO NOT** wish to receive any information or materials regarding campaigns, activities or fundraising appeals hosted or administered by Rainbow Project.

Please complete and return this donation form by fax (852) 2548 7200 / email: rainbow@rainbowproject.org or by mail to Rainbow Project Learning Centre Address: G/F, Yuen Fai Court, 10 Sai Yuen Lane, Sai Ying Pun, Hong Kong.

Personal data collection statement: Purpose of collecting your personal data is to process, administer and communicate with you regarding the donation(s) made by you to Rainbow Project Company Limited. The personal data collected will not be disclosed with third parties other than those specified without your express approval or unless required by law. You may request Rainbow Project to stop using your personal data for any of the aforementioned purpose by telephone/email or by post.

Signature: _____ Date: _____

A BRIGHTER FUTURE FOR CHILDREN WITH AUTISM

Address: G/F., Yuen Fai Court, 10 Sai Yuen Lane, Sai Ying Pun, Hong Kong

Tel: (852) 2548 7123

Fax: (852) 2548 7200

Email: rainbow@rainbowproject.com

Website: rainbowproject.org

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